

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF <i>(Case Name)</i>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other: _____	10. REPRESENTATION TYPE <i>(See Instructions)</i>

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**12. ATTORNEY'S STATEMENT**

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. *(Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)*

Signature of Attorney _____

Date _____

- ☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS*

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES *(See Instructions)***14. TYPE OF SERVICE PROVIDER**

- | | |
|---|--|
| 01 <input type="checkbox"/> Investigator
02 <input type="checkbox"/> Interpreter/Translator
03 <input type="checkbox"/> Psychologist
04 <input type="checkbox"/> Psychiatrist
05 <input type="checkbox"/> Polygraph
06 <input type="checkbox"/> Documents Examiner
07 <input type="checkbox"/> Fingerprint Analyst
08 <input type="checkbox"/> Accountant
09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)
10 <input type="checkbox"/> Chemist/Toxicologist
11 <input type="checkbox"/> Ballistics
13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert
14 <input type="checkbox"/> Pathologist/Medical Examiner | 15 <input type="checkbox"/> Other Medical
16 <input type="checkbox"/> Voice/Audio Analyst
17 <input type="checkbox"/> Hair/Fiber Expert
18 <input type="checkbox"/> Computer <i>(Hardware/Software/Systems)</i>
19 <input type="checkbox"/> Paralegal Services
20 <input type="checkbox"/> Legal Analyst/Consultant
21 <input type="checkbox"/> Jury Consultant
22 <input type="checkbox"/> Mitigation Specialist
23 <input type="checkbox"/> Duplication Services <i>(See Instructions)</i>
24 <input type="checkbox"/> Other <i>(Specify)</i> _____ |
|---|--|

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court _____

Date of Order _____

Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES**FOR COURT USE ONLY**

16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME *(First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS*

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ **TO** _____

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment *(compensation or anything of value)* from any other source for these services.

Signature of Claimant/Payee _____

Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____

Date _____

APPROVED FOR PAYMENT – COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED

23. ☐ Either the cost *(excluding expenses)* of these services does not exceed \$300, or prior authorization was obtained.
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost *(excluding expenses)* exceeds \$300.

Signature of Presiding Judicial Officer _____	Date _____	Judge/Mag. Judge Code _____
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24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____

Date _____

Judge Code _____